



# Water Department

150 East High Ave Suite 015 - New Philadelphia, OH 44663  
330-364-4491 Ext 1211

To enroll in Autopay, please complete and return to the above address.  
Please include a copy of a voided check.  
You may email to [wateroffice@newphilaoh.com](mailto:wateroffice@newphilaoh.com) or fax to 330-343-8135

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS) (No Transaction Fees)

City of New Philadelphia Water Department

TAX ID# 34-6002004

I (we) hereby authorize **City of New Philadelphia Water Department**, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME (Bank Name)

\_\_\_\_\_

CITY, STATE & ZIP

\_\_\_\_\_

DEPOSITORY ROUTING NUMBER

TYPE OF ACCOUNT

Checking

Savings

\_\_\_\_\_

DEPOSITORY ACCOUNT NUMBER

WATER / SEWER / SANITATION  
ACCOUNT NUMBER

\_\_\_\_\_

\_\_\_\_\_

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ BUSINESS TAX ID# \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

\_\_\_\_\_

**\*\*NOTE\*\*:** All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.